



Montana Youth Leadership Forum

www.montanaylf.org

**WE ARE INVITING FUTURE COMMUNITY LEADERS
TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP
FORUM (MYLF) FOR STUDENTS WITH DISABILITIES
July 2006**

- *Twenty high school sophomores, juniors and seniors will be selected.
- *No expense to selected delegates (all expenses paid).
- *Exciting, fun, and educational four-day training program.

APPLICATION FORM
APPLICATION FORMS MUST BE POSTMARKED BY
March 3, 2006

- *Students must complete all information on pages 1-5 of this application.
- *Please type or print with black ink.
- *Mail the application to the address on the last page (page 6).
- *Please see page 6 for additional application instructions.

<hr/>			
1. Name	Last	First	Middle
<hr/>			
2. Address	City	Zip	3. Male / Female
<hr/>			
4. Phone		5. Name of High School	
<hr/>		<hr/>	
6. Grade level on 12/31/05		7. Social Security Number	
<hr/>		<hr/>	
8. Your E-mail address			
<hr/>			

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9. School Mailing Address _____ City _____ Zip _____

10. High School Counselor Name _____

11. School Telephone Number _____

12. Birth date _____

13. Date Graduation Expected _____

14. Please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) _____

Onset of disability: _____

Check all that apply:

Deaf _____

Developmental Disability _____

Hard of Hearing _____

Describe _____

I use sign language _____

I use real time captioning _____

Autism _____

I use lip reading _____

Traumatic Brain Injury _____

Other _____

Blind _____

Visual Impairment _____

Mental Health Disability _____

I read with Braille _____

I read with large print _____

Neuromuscular Disability _____

Orthopedic Disability _____

Learning Disability _____

I use a wheelchair _____

I cannot walk upstairs _____

Multiple Disabilities _____

I cannot long distances _____

15. Your ethnicity

16. Your grade point average

17. List Classes you are currently enrolled in:

18. Current reading level _____ (If necessary, ask a teacher to assist you in getting the information for items 14, 15, and 16.)

19. Information on Vocational Rehabilitation

If you are currently a client of Vocational Rehabilitation, please tell us your

Counselor's Name _____ Phone _____

20. State Representative Name

District Number

21. State Senator Name

District Number

20. 22. Name of local newspaper and address

23. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

School Activities

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Community Activities

Activity

Adult Contact

Dave Involved

Grade

24. Letters of Recommendation

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. One letter **MUST** be from a high school representative and one **MUST** be from a community representative outside your school.

List name, position/title, organization and telephone number of your references.

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25. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the leadership forum. Please write your responses on a separate sheet of paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced sheets. (Responses must be double-spaced and either typewritten or printed in black ink.)

- A. Qualifications – explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.
- B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials, or celebrities are appropriate examples).
- C. Experiences as a Person with a Disability – Describe two important experiences you have had as a person with a disability. (Please be specific about your examples as they relate to your disability.)
- D. Future Plans – Describe any of your plans for after high school.

26. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

- A. Application Form _____
- B. Two Letters of Recommendation _____
- C. Essay responding to four topics _____

Student Signature

Date

KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION

**Mail Completed Applications to:
MYLF
1617 Euclid Suite 1
Helena, MT 59601**

**HOW STUDENT DELEGATES WILL BE SELECTED AND
APPLICATION INSTRUCTIONS FOR STUDENTS.**

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
 - a. Have a disabilities (as defined by the ADA)
 - b. Be in the 10, 11, or 12th grade as of December 31, 2005
 - c. Must have demonstrated leadership potential in school and the community
 - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLF office no later than March 3, 2006
3. Selected applicants will be notified by letter no later than April 14, 2006
4. After being selected, students will be asked to fill out a confirmation form, and provide additional information to the MYLF office.
5. All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF) including such expenses as travel, lodging, food, and interpreters for deaf students and personal assistants for physically disabled students.

**For further information call:
MYLF
(406)442-2576 Phone/TDD
(406)443-3796 Fax
mylfjune@bresnan.net**

